

Term Name	Variable Name	Definition	Footnotes
Year	YEAR	Year	
Geographic Level	BENE_GEO_LVL	National, State, County, or HRR	National or HRR on the HRR File National, State, or County on the State/County File
Age Level	BENE_AGE_LVL	All Beneficiaries, Beneficiaries under 65, or Beneficiaries 65 or older	
HRR	BENE_GEO_DESC	Name of HRR	HRR File Only
HRR Number	BENE_GEO_CD	HRR Number	HRR File Only
State or County	BENE_GEO_DESC	Name of State or County	State/County File Only
State and County FIPS Code	BENE_GEO_CD	State/County FIPS Code	State/County File Only
Beneficiaries with Part A and Part B	BENES_WTH_PTAPTB_CNT	Count of Medicare beneficiaries who have both Part A and Part B coverage	(*) = Suppressed where count of Part A and Part B beneficiaries < 11 or count of MA beneficiaries is < 11 and count of FFS beneficiaries >= 11 (.) = Missing
FFS Beneficiaries	BENES_FFS_CNT	Count of Medicare Fee-for-Service beneficiaries	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
MA Beneficiaries	BENES_MA_CNT	Count of beneficiaries who are ever enrolled in a Medicare Advantage (MA) program	(*) = Suppressed where count of MA beneficiaries < 11 or count of MA beneficiaries is >= 11 and count of FFS beneficiaries < 11 (.) = Missing
MA Participation Rate	MA_PRTCPN_RATE	Percent of Part A and Part B beneficiaries who are ever enrolled in a MA program	(*) = Suppressed where count of MA beneficiaries < 11 or count of MA beneficiaries is >= 11 and count of FFS beneficiaries < 11 (.) = Missing
Average Age	BENE_AVG_AGE	Average age of Medicare Fee-for-Service beneficiaries	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Female	BENE_FEML_PCT	Percent of Medicare Fee-for-Service beneficiaries who are female	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Male	BENE_MALE_PCT	Percent of Medicare Fee-for-Service beneficiaries who are male	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Non-Hispanic White	BENE_RACE_WHT_PCT	Percent of Medicare Fee-for-Service beneficiaries who are Non-Hispanic White	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent African American	BENE_RACE_BLACK_PCT	Percent of Medicare Fee-for-Service beneficiaries who are African American	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Hispanic	BENE_RACE_HSPNC_PCT	Percent of Medicare Fee-for-Service beneficiaries who are Hispanic	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Other/Unknown	BENE_RACE_OTHR_PCT	Percent of Medicare Fee-for-Service beneficiaries who are other race/ethnicity or whose race/ethnicity is unknown	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Eligible for Medicaid	BENE_DUAL_PCT	Percent of Medicare Fee-for-Service beneficiaries who are eligible for Medicaid for at least one month in the year	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Average HCC Score	BENE_AVG_RISK_SCRE	Average Hierarchical Condition Category (HCC) Score	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Total Actual Costs	TOT_MDCR_PYMT_AMT	Actual Medicare total payment	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Total Standardized Costs	TOT_MDCR_STDZD_PYMT_AMT	Total amount that Medicare paid adjusted for geographic differences in payment rates	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Total Standardized Risk-Adjusted Costs	TOT_MDCR_STDZD_RA_PYMT_AMT	Total amount that Medicare paid adjusted for geographic differences in payment rates and beneficiaries' health status using the HCC risk scores	(*) = Suppressed where count of users < 11 (.) = Missing
Actual Per Capita Costs	TOT_MDCR_PYMT_PC	Actual Medicare payment per capita	(*) = Suppressed where count of users < 11 (.) = Missing
Standardized Per Capita Costs	TOT_MDCR_STDZD_PYMT_PC	Per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Standardized Risk-Adjusted Per Capita Costs	TOT_MDCR_STDZD_RA_PYMT_PC	Per capita Medicare payment, adjusted for geographic differences in payment rates and beneficiaries' health status using the HCC risk scores	(*) = Suppressed where count of users < 11 (.) = Missing
IP Actual Costs	IP_MDCR_PYMT_AMT	Hospital Inpatient (IP) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
IP Actual Costs as % of Total Actual Costs	IP_MDCR_PYMT_PCT	Hospital Inpatient (IP) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
IP Per Capita Actual Costs	IP_MDCR_PYMT_PC	Hospital Inpatient (IP) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
IP Per User Actual Costs	IP_MDCR_PYMT_PER_USER	Hospital Inpatient (IP) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
IP Standardized Costs	IP_MDCR_STDZD_PYMT_AMT	Hospital Inpatient (IP) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
IP Standardized Costs as % of Total Standardized Costs	IP_MDCR_STDZD_PYMT_PCT	Hospital Inpatient (IP) Medicare payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
IP Per Capita Standardized Costs	IP_MDCR_STDZD_PYMT_PC	Hospital Inpatient (IP) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
IP Per User Standardized Costs	IP_MDCR_STDZD_PYMT_PER_USER	Hospital Inpatient (IP) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
IP Users (with a covered stay)	BENES_IP_CVRD_STAY_CNT	Number of beneficiaries using Hospital Inpatient (IP) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using IP	BENES_IP_PCT	Percent of beneficiaries using Hospital Inpatient (IP) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
IP Covered Stays Per 1,000 Beneficiaries	IP_CVRD_STAYS_PER_1000_BENES	Hospital Inpatient (IP) covered admissions per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
IP Covered Days Per 1,000 Beneficiaries	IP_CVRD_DAYS_PER_1000_BENES	Hospital Inpatient (IP) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
Number of Acute Hospital Readmissions	ACUTE_HOSP_READMSN_CNT	Total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period, where the reference period refers to an inpatient hospital stay during the calendar year	(*) = Suppressed where count < 11 (.) = Missing
Hospital Readmission Rate	ACUTE_HOSP_READMSN_PCT	Percent of inpatient readmissions within 30 days of an acute hospital stay during the reference period, where the reference period refers to an inpatient hospital stay during the calendar year	(*) = Suppressed where count < 11 (.) = Missing
Emergency Department Visits	BENES_ER_VISITS_CNT	Total count of inpatient or hospital outpatient Emergency Department Visits	(*) = Suppressed where count < 11 (.) = Missing
Emergency Department Visits per 1,000 Beneficiaries	ER_VISITS_PER_1000_BENES	Inpatient or hospital outpatient Emergency Department Visits per 1,000 Medicare Beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
% of Beneficiaries with an ED Visit	BENES_ER_VISITS_PCT	Percent of beneficiaries with an Emergency Department Visit	(*) = Suppressed where count of users < 11 (.) = Missing
OP Actual Costs	OP_MDCR_PYMT_AMT	Hospital Outpatient (OP) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
OP Actual Costs as % of Total Actual Costs	OP_MDCR_PYMT_PCT	Hospital Outpatient (OP) actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
OP Per Capita Actual Costs	OP_MDCR_PYMT_PC	Hospital Outpatient (OP) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
OP Per User Actual Costs	OP_MDCR_PYMT_PER_USER	Hospital Outpatient (OP) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
OP Standardized Costs	OP_MDCR_STDZD_PYMT_AMT	Hospital Outpatient (OP) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
OP Standardized Costs as % of Total Standardized Costs	OP_MDCR_STDZD_PYMT_PCT	Hospital Outpatient (OP) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
OP Per Capita Standardized Costs	OP_MDCR_STDZD_PYMT_PC	Hospital Outpatient (OP) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
OP Per User Standardized Costs	OP_MDCR_STDZD_PYMT_PER_USER	Hospital Outpatient (OP) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# OP Users	BENES_OP_CNT	Number of beneficiaries using Hospital Outpatient (OP) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using OP	BENES_OP_PCT	Percent of beneficiaries using Hospital Outpatient (OP) services	(*) = Suppressed where count of users < 11 (.) = Missing
OP Visits Per 1,000 Beneficiaries	OP_VISITS_PER_1000_BENES	Hospital Outpatient (OP) visits per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Actual Costs	ASC_MDCR_PYMT_AMT	Ambulatory Surgery Center (ASC) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Actual Costs as % of Total Actual Costs	ASC_MDCR_PYMT_PCT	Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Per Capita Actual Costs	ASC_MDCR_PYMT_PC	Ambulatory Surgery Center (ASC) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Per User Actual Costs	ASC_MDCR_PYMT_PER_USER	Ambulatory Surgery Center (ASC) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Standardized Costs	ASC_MDCR_STDZD_PYMT_AMT	Ambulatory Surgery Center (ASC) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Standardized Costs as % of Total Standardized Costs	ASC_MDCR_STDZD_PYMT_PCT	Ambulatory Surgery Center (ASC) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Per Capita Standardized Costs	ASC_MDCR_STDZD_PYMT_PC	Ambulatory Surgery Center (ASC) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Per User Standardized Costs	ASC_MDCR_STDZD_PYMT_PER_USER	Ambulatory Surgery Center (ASC) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# ASC Users	BENES_ASC_CNT	Number of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using ASC	BENES_ASC_PCT	Percent of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 11 (.) = Missing
ASC Events Per 1,000 Beneficiaries	ASC_EVENTS_PER_1000_BENES	Ambulatory Surgery Center (ASC) service events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Actual Costs	SNF_MDCR_PYMT_AMT	Skilled Nursing Facility (SNF) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Actual Costs as % of Total Actual Costs	SNF_MDCR_PYMT_PCT	Skilled Nursing Facility (SNF) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Per Capita Actual Costs	SNF_MDCR_PYMT_PC	Skilled Nursing Facility (SNF) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Per User Actual Costs	SNF_MDCR_PYMT_PER_USER	Skilled Nursing Facility (SNF) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Standardized Costs	SNF_MDCR_STDZD_PYMT_AMT	Skilled Nursing Facility (SNF) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Standardized Costs as % of Total Standardized Costs	SNF_MDCR_STDZD_PYMT_PCT	Skilled Nursing Facility (SNF) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Per Capita Standardized Costs	SNF_MDCR_STDZD_PYMT_PC	Skilled Nursing Facility (SNF) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Per User Standardized Costs	SNF_MDCR_STDZD_PYMT_PER_USER	Skilled Nursing Facility (SNF) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
# PAC: SNF Users (with a covered stay)	BENES_SNF_CNT	Number of beneficiaries using Skilled Nursing Facility (SNF) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using PAC: SNF	BENES_SNF_PCT	Percent of beneficiaries using Skilled Nursing Facility (SNF) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Covered Stays Per 1,000 Beneficiaries	SNF_CVRD_STAYS_PER_1000_BENES	Skilled Nursing Facility (SNF) covered stays per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: SNF Covered Days Per 1,000 Beneficiaries	SNF_CVRD_DAYS_PER_1000_BENES	Skilled Nursing Facility (SNF) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Actual Costs	IRF_MDCR_PYMT_AMT	Inpatient Rehabilitation Facility (IRF) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Actual Costs as % of Total Actual Costs	IRF_MDCR_PYMT_PCT	Inpatient Rehabilitation Facility (IRF) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Per Capita Actual Costs	IRF_MDCR_PYMT_PC	Inpatient Rehabilitation Facility (IRF) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Per User Actual Costs	IRF_MDCR_PYMT_PER_USER	Inpatient Rehabilitation Facility (IRF) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Standardized Costs	IRF_MDCR_STDZD_PYMT_AMT	Inpatient Rehabilitation Facility (IRF) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Standardized Costs as % of Total Standardized Costs	IRF_MDCR_STDZD_PYMT_PCT	Inpatient Rehabilitation Facility (IRF) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Per Capita Standardized Costs	IRF_MDCR_STDZD_PYMT_PC	Inpatient Rehabilitation Facility (IRF) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Per User Standardized Costs	IRF_MDCR_STDZD_PYMT_PER_USER	Inpatient Rehabilitation Facility (IRF) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# PAC: IRF Users (with a covered stay)	BENES_IRF_CNT	Number of beneficiaries using Inpatient Rehabilitation Facility (IRF) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using PAC: IRF	BENES_IRF_PCT	Percent of beneficiaries using Inpatient Rehabilitation Facility (IRF) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Covered Stays Per 1,000 Beneficiaries	IRF_CVRD_STAYS_PER_1000_BENES	Inpatient Rehabilitation Facility (IRF) covered stays per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Covered Days Per 1,000 Beneficiaries	IRF_CVRD_DAYS_PER_1000_BENES	Inpatient Rehabilitation Facility (IRF) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Actual Costs	LTCH_MDCR_PYMT_AMT	Long-Term Care Hospital (LTCH) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Actual Costs as % of Total Actual Costs	LTCH_MDCR_PYMT_PCT	Long-Term Care Hospital (LTCH) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Per Capita Actual Costs	LTCH_MDCR_PYMT_PC	Long-Term Care Hospital (LTCH) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Per User Actual Costs	LTCH_MDCR_PYMT_PER_USER	Long-Term Care Hospital (LTCH) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Standardized Costs	LTCH_MDCR_STDZD_PYMT_AMT	Long-Term Care Hospital (LTCH) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Standardized Costs as % of Total Standardized Costs	LTCH_MDCR_STDZD_PYMT_PCT	Long-Term Care Hospital (LTCH) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Per Capita Standardized Costs	LTCH_MDCR_STDZD_PYMT_PC	Long-Term Care Hospital (LTCH) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Per User Standardized Costs	LTCH_MDCR_STDZD_PYMT_PER_USER	Long-Term Care Hospital (LTCH) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# PAC: LTCH Users (with a covered stay)	BENES_LTCH_CNT	Number of beneficiaries using Long-Term Care Hospital (LTCH) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using PAC: LTCH	BENES_LTCH_PCT	Percent of beneficiaries using Long-Term Care Hospital (LTCH) services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Covered Stays Per 1,000 Beneficiaries	LTCH_CVRD_STAYS_PER_1000_BENES	Long-Term Care Hospital (LTCH) covered stays per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Covered Days Per 1,000 Beneficiaries	LTCH_CVRD_DAYS_PER_1000_BENES	Long-Term Care Hospital (LTCH) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Actual Costs	HH_MDCR_PYMT_AMT	Home Health (HH) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Actual Costs as % of Total Actual Costs	HH_MDCR_PYMT_PCT	Home Health (HH) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Per Capita Actual Costs	HH_MDCR_PYMT_PC	Home Health (HH) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Per User Actual Costs	HH_MDCR_PYMT_PER_USER	Home Health (HH) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Standardized Costs	HH_MDCR_STDZD_PYMT_AMT	Home Health (HH) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Standardized Costs as % of Total Standardized Costs	HH_MDCR_STDZD_PYMT_PCT	Home Health (HH) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Per Capita Standardized Costs	HH_MDCR_STDZD_PYMT_PC	Home Health (HH) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Per User Standardized Costs	HH_MDCR_STDZD_PYMT_PER_USER	Home Health (HH) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
# PAC: HH Users	BENES_HH_CNT	Number of beneficiaries using Home Health (HH) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using PAC: HH	BENES_HH_PCT	Percent of beneficiaries using Home Health (HH) services	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Episodes Per 1,000 Beneficiaries	HH_CVRD_STAYS_PER_1000_BENES	Home Health (HH) episodes per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Visits Per 1,000 Beneficiaries	HH_VISITS_PER_1000_BENES	Home Health (HH) visits per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Actual Costs	HOSPC_MDCR_PYMT_AMT	Hospice actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Actual Costs as % of Total Actual Costs	HOSPC_MDCR_PYMT_PCT	Hospice actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Per Capita Actual Costs	HOSPC_MDCR_PYMT_PC	Hospice actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Per User Actual Costs	HOSPC_MDCR_PYMT_PER_USER	Hospice actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Standardized Costs	HOSPC_MDCR_STDZD_PYMT_AMT	Hospice Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Standardized Costs as % of Total Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PCT	Hospice payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Per Capita Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PC	Hospice per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Per User Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PER_USER	Hospice per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Hospice Users (with a covered stay)	BENES_HOSPC_CNT	Number of beneficiaries using Hospice services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Hospice	BENES_HOSPC_PCT	Percent of beneficiaries using Hospice services with at least one covered stay	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Covered Stays Per 1,000 Beneficiaries	HOSPC_CVRD_STAYS_PER_1000_BENES	Hospice covered stays per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Covered Days Per 1,000 Beneficiaries	HOSPC_CVRD_DAYS_PER_1000_BENES	Hospice covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Actual Costs	EM_MDCR_PYMT_AMT	Evaluation and Management (E&M) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Actual Costs as % of Total Actual Costs	EM_MDCR_PYMT_PCT	Evaluation and Management (E&M) actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per Capita Actual Costs	EM_MDCR_PYMT_PC	Evaluation and Management (E&M) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per User Actual Costs	EM_MDCR_PYMT_PER_USER	Evaluation and Management (E&M) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Standardized Costs	EM_MDCR_STDZD_PYMT_AMT	Evaluation and Management (E&M) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Standardized Costs as % of Total Standardized Costs	EM_MDCR_STDZD_PYMT_PCT	Evaluation and Management (E&M) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per Capita Standardized Costs	EM_MDCR_STDZD_PYMT_PC	Evaluation and Management (E&M) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per User Standardized Costs	EM_MDCR_STDZD_PYMT_PER_USER	Evaluation and Management (E&M) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# E&M Users	BENES_EM_CNT	Number of beneficiaries using Evaluation and Management (E&M) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using E&M	BENES_EM_PCT	Percent of beneficiaries using Evaluation and Management (E&M) services	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Events Per 1,000 Beneficiaries	EM_EVNTS_PER_1000_BENES	Evaluation and Management (E&M) events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Actual Costs	PRCDRS_MDCR_PYMT_AMT	Procedures actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Actual Costs as % of Total Actual Costs	PRCDRS_MDCR_PYMT_PCT	Procedures actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per Capita Actual Costs	PRCDRS_MDCR_PYMT_PC	Procedures actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per User Actual Costs	PRCDRS_MDCR_PYMT_PER_USER	Procedures actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_AMT	Procedures Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Standardized Costs as % of Total Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PCT	Procedures Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per Capita Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PC	Procedures per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per User Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PER_USER	Procedures per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Procedure Users	BENES_PRCDRS_CNT	Number of beneficiaries using Procedure services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Procedures	BENES_PRCDRS_PCT	Percent of beneficiaries using Procedure services	(*) = Suppressed where count of users < 11 (.) = Missing
Procedure Events Per 1,000 Beneficiaries	PRCDR_EVNTS_PER_1000_BENES	Procedure events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Actual Costs	TESTS_MDCR_PYMT_AMT	Tests actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Actual Costs as % of Total Actual Costs	TESTS_MDCR_PYMT_PCT	Tests actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Per Capita Actual Costs	TESTS_MDCR_PYMT_PC	Tests actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
Tests Per User Actual Costs	TESTS_MDCR_PYMT_PER_USER	Tests actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Standardized Costs	TESTS_MDCR_STDZD_PYMT_AMT	Tests Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Standardized Costs as % of Total Standardized Costs	TESTS_MDCR_STDZD_PYMT_PCT	Tests Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Per Capita Standardized Costs	TESTS_MDCR_STDZD_PYMT_PC	Tests per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Tests Per User Standardized Costs	TESTS_MDCR_STDZD_PYMT_PER_USER	Tests per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Test Users	BENES_TESTS_CNT	Number of beneficiaries using Test services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Tests	BENES_TEST_PCT	Percent of beneficiaries using Test services	(*) = Suppressed where count of users < 11 (.) = Missing
Test Events Per 1,000 Beneficiaries	TEST_EVNTS_PER_1000_BENES	Test events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Actual Costs	IMGNG_MDCR_PYMT_AMT	Imaging actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Actual Costs as % of Total Actual Costs	IMGNG_MDCR_PYMT_PCT	Imaging actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Per Capita Actual Costs	IMGNG_MDCR_PYMT_PC	Imaging actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Per User Actual Costs	IMGNG_MDCR_PYMT_PER_USER	Imaging actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Standardized Costs	IMGNG_MDCR_STDZD_PYMT_AMT	Imaging Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Standardized Costs as % of Total Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PCT	Imaging Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Per Capita Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PC	Imaging per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Per User Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PER_USER	Imaging per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Imaging Users	BENES_IMGNG_CNT	Number of beneficiaries using Imaging services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Imaging	BENES_IMGNG_PCT	Percent of beneficiaries using Imaging services	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Events Per 1,000 Beneficiaries	IMGNG_EVNTS_PER_1000_BENES	Imaging events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
DME Actual Costs	DME_MDCR_PYMT_AMT	Durable Medical Equipment (DME) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
DME Actual Costs as % of Total Actual Costs	DME_MDCR_PYMT_PCT	Durable Medical Equipment (DME) actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
DME Per Capita Actual Costs	DME_MDCR_PYMT_PC	Durable Medical Equipment (DME) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
DME Per User Actual Costs	DME_MDCR_PYMT_PER_USER	Durable Medical Equipment (DME) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
DME Standardized Costs	DME_MDCR_STDZD_PYMT_AMT	Durable Medical Equipment (DME) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
DME Standardized Costs as % of Total Standardized Costs	DME_MDCR_STDZD_PYMT_PCT	Durable Medical Equipment (DME) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
DME Per Capita Standardized Costs	DME_MDCR_STDZD_PYMT_PC	Durable Medical Equipment (DME) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
DME Per User Standardized Costs	DME_MDCR_STDZD_PYMT_PER_USER	Durable Medical Equipment (DME) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# DME Users	BENES_DME_CNT	Number of beneficiaries using Durable Medical Equipment (DME) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using DME	BENES_DME_PCT	Percent of beneficiaries using Durable Medical Equipment (DME) services	(*) = Suppressed where count of users < 11 (.) = Missing
DME Events Per 1,000 Beneficiaries	DME_EVNTS_PER_1000_BENES	Durable Medical Equipment (DME) events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Actual Costs	OP_DLYS_MDCR_PYMT_AMT	Outpatient Dialysis Facility actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Actual Costs as % of Total Actual Costs	OP_DLYS_MDCR_PYMT_PCT	Outpatient Dialysis Facility actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per Capita Actual Costs	OP_DLYS_MDCR_PYMT_PC	Outpatient Dialysis Facility actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per User Actual Costs	OP_DLYS_MDCR_PYMT_PER_USER	Outpatient Dialysis Facility actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_AMT	Outpatient Dialysis Facility Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Standardized Costs as % of Total Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PCT	Outpatient Dialysis Facility Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per Capita Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PC	Outpatient Dialysis Facility per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per User Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PER_USER	Outpatient Dialysis Facility per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Outpatient Dialysis Facility Users	BENES_OP_DLYS_CNT	Number of beneficiaries using Outpatient Dialysis Facility services	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
% of Beneficiaries Using Outpatient Dialysis Facility	BENES_OP_DLYS_PCT	Percent of beneficiaries using Outpatient Dialysis Facility services	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Events Per 1,000 Beneficiaries	OP_DLYS_EVNTS_PER_1000_BENES	Outpatient Dialysis Facility events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Actual Costs	FQHC_RHC_MDCR_PYMT_AMT	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Actual Costs as % of Total Actual Costs	FQHC_RHC_MDCR_PYMT_PCT	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per Capita Actual Costs	FQHC_RHC_MDCR_PYMT_PC	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per User Actual Costs	FQHC_RHC_MDCR_PYMT_PER_USER	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_AMT	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Standardized Costs as % of Total Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PCT	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per Capita Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PC	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per User Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PU	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# FQHC/RHC Users	BENES_FQHC_RHC_CNT	Number of beneficiaries using Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using FQHC/RHC	BENES_FQHC_RHC_PCT	Percent of beneficiaries using Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) services	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Visits Per 1,000 Beneficiaries	FQHC_RHC_VISITS_PER_1000_BENES	Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Actual Costs	AMBLNC_MDCR_PYMT_AMT	Ambulance actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Actual Costs as % of Total Actual Costs	AMBLNC_MDCR_PYMT_PCT	Ambulance actual Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per Capita Actual Costs	AMBLNC_MDCR_PYMT_PC	Ambulance actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per User Actual Costs	AMBLNC_MDCR_PYMT_PER_USER	Ambulance actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_AMT	Ambulance Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Standardized Costs as % of Total Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_PCT	Ambulance Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per Capita Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_PC	Ambulance per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per User Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_PER_USER	Ambulance per user Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Ambulance Users	BENES_AMBLNC_CNT	Number of beneficiaries using Ambulance services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Ambulance	BENES_AMBLNC_PCT	Percent of beneficiaries using Ambulance services	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Events Per 1,000 Beneficiaries	AMBLNC_EVNTS_PER_1000_BENES	Ambulance Events Per 1,000 Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT	Part B Drug actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs	PTB_DRUGS_MDCR_PYMT_PCT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Per Capita Actual Costs	PTB_DRUGS_MDCR_PYMT_PC	Part B Drug actual per capita Medicare payments	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Per User Actual Costs	PTB_DRUGS_MDCR_PYMT_PU	Part B Drug actual per user Medicare payments	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Standardized Costs	PTB_DRUGS_MDCR_STDZD_PYMT_AMT	Part B Drug Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Standardized Costs as % of Total Standardized Costs	PTB_DRUGS_MDCR_STDZD_PYMT_PCT	Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Per Capita Standardized Costs	PTB_DRUGS_MDCR_STDZD_PYMT_PC	Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Per User Standardized Costs	PTB_DRUGS_MDCR_STDZD_PYMT_PU	Part B Drug per user Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
# Part B Drugs Users	BENES_PTB_DRUGS_CNT	Number of beneficiaries using Part B Drug services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Part B Drugs	BENES_PTB_DRUGS_PCT	Percent of beneficiaries using Part B Drug services	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
Other Services Actual Costs	PTB_OTHR_SRVCS_MDCR_PYMT_AMT	Other Services actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Other Services Standardized Costs	PTB_OTHR_SRVCS_MDCR_STDZD_PYMT	Other Services Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Total Population Based Payment Reduction Costs	TOT_PBPMT_RDCTN_AMT	Total Population Based Payment Reduction payment	(*) = Suppressed where count of users < 11 (.) = Missing
Total Population Based Payment Reduction Per Capita Costs	TOT_PBPMT_RDCTN_PCC	Total Population Based Payment Reduction Per Capita payment	(*) = Suppressed where count of users < 11 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age < 65)	PQI03_DBTS_AGE_LT_65	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 65-74)	PQI03_DBTS_AGE_65_74	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 75+)	PQI03_DBTS_AGE_GE_75	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 40-64)	PQI05_COPD_ASTHMA_AGE_40_64	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 40 - 64 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 65-74)	PQI05_COPD_ASTHMA_AGE_65_74	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 75+)	PQI05_COPD_ASTHMA_AGE_GE_75	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI07 Hypertension Admission Rate (age < 65)	PQI07_HYPRTNSN_AGE_LT_65	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI07 Hypertension Admission Rate (age 65-74)	PQI07_HYPRTNSN_AGE_65_74	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI07 Hypertension Admission Rate (age 75+)	PQI07_HYPRTNSN_AGE_GE_75	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age < 65)	PQI08_CHF_AGE_LT_65	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age 65-74)	PQI08_CHF_AGE_65_74	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age 75+)	PQI08_CHF_AGE_GE_75	Prevention Quality Indicator (PQI) 8: Congestive Heart Failure (CHF) for beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age < 65)	PQI10_DHYDRTN_AGE_LT_65	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age 65-74)	PQI10_DHYDRTN_AGE_65_74	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age 75+)	PQI10_DHYDRTN_AGE_GE_75	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age < 65)	PQI11_BCTRL_PNA_AGE_LT_65	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 65-74)	PQI11_BCTRL_PNA_AGE_65_74	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 75+)	PQI11_BCTRL_PNA_AGE_GE_75	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI12 UTI Admission Rate (age < 65)	PQI12_UTI_AGE_LT_65	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI12 UTI Admission Rate (age 65-74)	PQI12_UTI_AGE_65_74	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
PQI12 UTI Admission Rate (age 75+)	PQI12_UTI_AGE_GE_75	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI15 Asthma in Younger Adults Admission Rate (age < 40)	PQI15_ASTHMA_AGE_LT_40	Prevention Quality Indicator (PQI) 15: Hospital admission for Asthma in younger adults for Medicare beneficiaries ages less than 40 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age < 65)	PQI16_LWRXTRMTY_AMPUTN_AGE_LT_65	Prevention Quality Indicator (PQI) 16: Lower Extremity Amputation of Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 65-74)	PQI16_LWRXTRMTY_AMPUTN_AGE_65_74	Prevention Quality Indicator (PQI) 16: Lower Extremity Amputation of Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 75+)	PQI16_LWRXTRMTY_AMPUTN_AGE_GE_75	Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing

* The Data Dictionary is the same for the HRR and the State/County files. The differences between the files are based on the aggregation of the data by geography.

List of Acronyms:

ASC - Ambulatory Surgery Center
CHF - Congestive Heart Failure
COPD - Chronic Obstructive Pulmonary Disease
DME - Durable Medical Equipment
E&M - Evaluation and Management
ED - Emergency Department
FFS - Fee-for-Service
FQHC - Federally Qualified Health Center
HCC - Hierarchical Condition Category
HH - Home Health
HRR - Hospital Referral Region
IP - Inpatient
IRF - Inpatient Rehabilitation Facility
LTCH - Long-Term Care Hospital
MA - Medicare Advantage
OP - Outpatient
PAC - Post-Acute Care
PQI - Prevention Quality Indicator
RHC - Rural Health Center
SNF - Skilled Nursing Facility
UTI - Urinary Tract Infection